

<i>SERFF Tracking Number:</i>	<i>AMST-125300605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026164</i>
<i>Company Tracking Number:</i>	<i>07-0052</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Loss Cost adoption/07-0052</i>		

## Filing at a Glance

Company: American Interstate Insurance Company

Product Name: Workers' Compensation Rate    SERFF Tr Num: AMST-125300605    State: Arkansas

Filing

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-026164

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 07-0052

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Author: Kathy Wells

Disposition Date: 09/24/2007

Date Submitted: 09/21/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: Loss Cost adoption

Status of Filing in Domicile: Not Filed

Project Number: 07-0052

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2007-10

Reference Title: Advisory loss Costs

Advisory Org. Circular: AR-2007-10

Filing Status Changed: 09/24/2007

State Status Changed: 09/24/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Interstate Insurance Company respectfully submits this filing to adopt NCCI's approved Advisory Loss Costs and rating values effective January 1, 2008. We wish to retain our currently filed loss cost multiplier of 1.40 along with all other aspects of our previous filings as filed and approved. The overall impact of this filing will result in an estimated rate and premium increase of 3.4% on our current book of business. The required filing forms, manual page and \$50.00 filing fee (adoption of NCCI loss costs with no change to the loss cost multiplier) are enclosed.

We request an effective date of January 1, 2008. Acknowledgment, evidenced by departmental stamp on a copy of our cover letter, will be appreciated. If you have any questions or require additional information, please contact me at 800-256-9052 or via this e-mail address: [kwells@amerisafe.com](mailto:kwells@amerisafe.com).

SERFF Tracking Number:	AMST-125300605	State:	Arkansas
Filing Company:	American Interstate Insurance Company	State Tracking Number:	AR-PC-07-026164
Company Tracking Number:	07-0052		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation Rate Filing		
Project Name/Number:	Loss Cost adoption/07-0052		

## Company and Contact

### Filing Contact Information

Kathy Wells, State Filing Coordinator	kwells@amerisafe.com
2301 Highway 190 West	(800) 256-9052 [Phone]
DeRidder, LA 70634	(337) 460-3550[FAX]

### Filing Company Information

American Interstate Insurance Company	CoCode: 31895	State of Domicile: Louisiana
2301 Highway 190 West	Group Code: 680	Company Type:
DeRidder, LA 70634	Group Name: Amerisafe, Inc.	State ID Number:
(800) 256-9052 ext. 3323[Phone]	FEIN Number: 58-1181498	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Loss Cost adoption with no change to LCM
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0003017798	\$50.00	09/19/2007
	\$0.00	

SERFF Tracking Number:	AMST-125300605	State:	Arkansas
Filing Company:	American Interstate Insurance Company	State Tracking Number:	AR-PC-07-026164
Company Tracking Number:	07-0052		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation Rate Filing		
Project Name/Number:	Loss Cost adoption/07-0052		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/24/2007	09/24/2007
Approved	Carol Stiffler	09/24/2007	09/24/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	09/24/2007	09/24/2007	Kathy Wells	09/24/2007	09/24/2007
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>AMST-125300605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026164</i>
<i>Company Tracking Number:</i>	<i>07-0052</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Loss Cost adoption/07-0052</i>		

## Disposition

Disposition Date: 09/24/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
American Interstate Insurance Company	3.400%	\$379,106	453	\$11,156,195	5.900%	0.600%	3.400%

SERFF Tracking Number: AMST-125300605 State: Arkansas  
 Filing Company: American Interstate Insurance Company State Tracking Number: AR-PC-07-026164  
 Company Tracking Number: 07-0052  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Workers' Compensation Rate Filing  
 Project Name/Number: Loss Cost adoption/07-0052

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Memorandum	Withdrawn	Yes
Supporting Document	WC Abstract	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Rate	Final Rate Pages, Footnotes, Misc Values	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>AMST-125300605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026164</i>
<i>Company Tracking Number:</i>	<i>07-0052</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Loss Cost adoption/07-0052</i>		

## Disposition

Disposition Date: 09/24/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
American Interstate Insurance Company	3.400%	\$379,106	453	\$11,156,195	5.900%	0.600%	3.400%

SERFF Tracking Number: AMST-125300605 State: Arkansas

Filing Company: American Interstate Insurance Company State Tracking Number: AR-PC-07-026164

Company Tracking Number: 07-0052

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation Rate Filing

Project Name/Number: Loss Cost adoption/07-0052

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Memorandum	Withdrawn	Yes
Supporting Document	WC Abstract	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Rate	Final Rate Pages, Footnotes, Misc Values	Approved	Yes

SERFF Tracking Number: AMST-125300605 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: AR-PC-07-026164  
Company Tracking Number: 07-0052  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation Rate Filing  
Project Name/Number: Loss Cost adoption/07-0052

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/24/2007  
Submitted Date 09/24/2007  
Respond By Date  
Dear Kathy Wells,

This will acknowledge receipt of the captioned filing.

Please feel free to contact me if you have questions.

This filing was reopened when it was found that the Filing Memorandum was not in the required .pdf format. Please replace the .xls document with a .pdf document. The filing can be approved and closed once that change is made.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/24/2007  
Submitted Date 09/24/2007

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Please find the Explanatory Memorandum attached in pdf format.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Explanatory Memorandum

Comment:

No Form Schedule items changed.



<i>SERFF Tracking Number:</i>	<i>AMST-125300605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026164</i>
<i>Company Tracking Number:</i>	<i>07-0052</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Loss Cost adoption/07-0052</i>		

No Rate/Rule Schedule items changed.

Sincerely,  
Kathy Wells

SERFF Tracking Number: AMST-125300605  
Filing Company: American Interstate Insurance Company  
Company Tracking Number: 07-0052  
TOI: 16.0 Workers Compensation  
Product Name: Workers' Compensation Rate Filing  
Project Name/Number: Loss Cost adoption/07-0052

State: Arkansas  
State Tracking Number: AR-PC-07-026164  
Sub-TOI: 16.0004 Standard WC

## Rate Information

Rate data applies to filing.

Filing Method: prior approval  
Rate Change Type: Increase  
Overall Percentage of Last Rate Revision: -6.200%  
Effective Date of Last Rate Revision: 07/01/2007  
Filing Method of Last Filing: prior approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
American Interstate Insurance Company	3.400%	3.400%	\$379,106	453	\$11,156,195	5.900%	0.600%

<i>SERFF Tracking Number:</i>	<i>AMST-125300605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026164</i>
<i>Company Tracking Number:</i>	<i>07-0052</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Loss Cost adoption/07-0052</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>	
Approved	Final Rate Pages, Footnotes, Misc Values	1-9	Replacement	07-0018	Final Rate Pages 1-1-08.pdf

WC LOSS COST / RATES  
**ARKANSAS**  
 UPDATED N/A

**AMERICAN INTERSTATE**  
 LCM 1.40

EFFECTIVE 1/1/2008  
 LOSS COST 1/1/2008

CLASS CODE	SUFFIX	LOSS COST	LCM 1.40
			RATE
0005		3.41	4.77
0008		2.09	2.93
0016		4.39	6.15
0034		2.99	4.19
0035		1.74	2.44
0036		2.89	4.05
0037		3.13	4.38
0042		5.07	7.10
0050		3.86	5.40
0059		0.21	0.29
0065		0.04	0.06
0066		0.04	0.06
0067		0.04	0.06
0079		2.25	3.15
0083		5.91	8.27
0106		10.02	14.03
0113		3.35	4.69
0170		1.86	2.60
0251		3.77	5.28
0400		6.01	8.41
0401		8.77	12.28
0771		0.22	0.31
0908		89.00	124.60
0913		238.00	333.20
0917		2.63	3.68
1005		6.99	9.79
1016		25.86	36.20
1164		5.12	7.17
1165		4.88	6.83
1320		2.06	2.88
1322		8.30	11.62
1430		3.74	5.24
1438		1.92	2.69
1452		1.32	1.85
1463		8.22	11.51
1472		2.50	3.50
1624		5.41	7.57
1642		2.71	3.79
1654		5.85	8.19
1655		3.26	4.56
1699		1.51	2.11
1701		2.51	3.51
1710		4.69	6.57
1741		1.25	1.75
1745		2.06	2.88
1747		1.72	2.41
1748		4.03	5.64
1803		3.86	5.40
1852		1.58	2.21
1853		1.88	2.63
1860		1.08	1.51
1924		2.29	3.21
1925		1.89	2.65
2001		1.71	2.39
2002		2.37	3.32

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40
			RATE
2003		1.99	2.79
2014		3.75	5.25
2016		1.72	2.41
2021		2.38	3.33
2039		3.27	4.58
2041		2.81	3.93
2065		0.87	1.22
2070		3.58	5.01
2081		3.09	4.33
2089		1.93	2.70
2095		2.29	3.21
2105		1.77	2.48
2110		1.59	2.23
2111		1.44	2.02
2112		1.83	2.56
2114		2.20	3.08
2121		1.40	1.96
2130		2.06	2.88
2131		1.26	1.76
2143		1.56	2.18
2157		2.70	3.78
2172		1.53	2.14
2174		1.99	2.79
2211		3.74	5.24
2220		1.42	1.99
2286		1.05	1.47
2288		3.28	4.59
2300		1.53	2.14
2302		1.34	1.88
2305		1.77	2.48
2361		0.96	1.34
2362		1.29	1.81
2380		4.40	6.16
2386		0.86	1.20
2388		1.36	1.90
2402		1.64	2.30
2413		1.31	1.83
2416		1.36	1.90
2417		1.26	1.76
2501		1.07	1.50
2503		0.96	1.34
2534		1.70	2.38
2570		3.45	4.83
2585		1.90	2.66
2586		0.72	1.01
2587		1.54	2.16
2589		1.14	1.60
2600		3.45	4.83
2623		1.79	2.51
2651		1.59	2.23
2660		1.12	1.57
2670		1.67	2.34
2683		1.44	2.02
2688		2.06	2.88
2701		5.61	7.85

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40
			RATE
2702		19.26	26.96
2710		5.93	8.30
2714		3.57	5.00
2719		7.78	10.89
2731		2.61	3.65
2735		2.12	2.97
2759		5.29	7.41
2790		1.00	1.40
2802		4.61	6.45
2812		3.09	4.33
2835		1.18	1.65
2836		1.68	2.35
2841		2.93	4.10
2881		1.62	2.27
2883		3.07	4.30
2913		2.21	3.09
2915		2.74	3.84
2916		1.75	2.45
2923		1.45	2.03
2942		1.72	2.41
2960		2.15	3.01
3004		1.83	2.56
3018		2.20	3.08
3022		2.36	3.30
3027		2.14	3.00
3028		2.25	3.15
3030		2.97	4.16
3040		2.95	4.13
3041		2.55	3.57
3042		2.31	3.23
3064		3.30	4.62
3069		4.79	6.71
3076		1.97	2.76
3081		1.81	2.53
3082		2.87	4.02
3085		2.12	2.97
3110		2.16	3.02
3111		2.15	3.01
3113		1.54	2.16
3114		1.82	2.55
3118		1.02	1.43
3119		0.77	1.08
3122		0.82	1.15
3126		1.40	1.96
3131		0.64	0.90
3132		1.46	2.04
3145		1.36	1.90
3146		1.83	2.56
3169		1.88	2.63
3175		2.07	2.90
3179		1.69	2.37
3180		1.51	2.11
3188		1.01	1.41
3220		1.43	2.00
3223		2.31	3.23

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40
			RATE
3224		1.89	2.65
3227		1.26	1.76
3240		2.37	3.32
3241		2.10	2.94
3255		1.86	2.60
3257		1.91	2.67
3270		3.13	4.38
3300		2.62	3.67
3303		2.58	3.61
3307		2.53	3.54
3315		1.89	2.65
3334		1.80	2.52
3336		1.75	2.45
3365		6.91	9.67
3372		1.94	2.72
3373		2.42	3.39
3383		0.69	0.97
3385		0.63	0.88
3400		1.84	2.58
3507		2.08	2.91
3515		1.68	2.35
3548		0.89	1.25
3559		1.54	2.16
3574		0.85	1.19
3581		0.86	1.20
3612		1.58	2.21
3620		4.34	6.08
3629		1.36	1.90
3632		2.20	3.08
3634		1.36	1.90
3635		1.27	1.78
3638		1.13	1.58
3642		0.66	0.92
3643		2.14	3.00
3647		2.30	3.22
3648		1.50	2.10
3681		1.00	1.40
3685		1.31	1.83
3719		2.42	3.39
3724		4.77	6.68
3726		2.55	3.57
3803		1.32	1.85
3807		1.14	1.60
3808		1.95	2.73
3821		3.00	4.20
3822		1.96	2.74
3824		3.44	4.82
3826		0.74	1.04
3827		0.85	1.19
3830		0.82	1.15
3851		2.04	2.86
3865		0.92	1.29
3881		2.71	3.79
4000		5.28	7.39
4021		3.20	4.48

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
4024		1.21	1.69
4034		4.91	6.87
4036		1.88	2.63
4038		1.51	2.11
4053		2.30	3.22
4061		3.08	4.31
4062		2.23	3.12
4101		1.41	1.97
4111		1.66	2.32
4112		0.68	0.95
4113		1.20	1.68
4114		1.72	2.41
4130		4.00	5.60
4131		1.93	2.70
4133		1.84	2.58
4150		0.93	1.30
4206		2.84	3.98
4207		0.82	1.15
4239		0.95	1.33
4240		2.09	2.93
4243		1.02	1.43
4244		1.68	2.35
4250		1.06	1.48
4251		1.18	1.65
4263		1.70	2.38
4273		1.16	1.62
4279		1.26	1.76
4282		1.55	2.17
4283		1.67	2.34
4299		1.07	1.50
4304		1.98	2.77
4307		1.92	2.69
4351		0.78	1.09
4352		0.73	1.02
4360		0.57	0.80
4361		0.96	1.34
4362		0.77	1.08
4410		2.09	2.93
4420		2.48	3.47
4431		1.05	1.47
4432		1.13	1.58
4439		1.33	1.86
4452		2.44	3.42
4459		1.50	2.10
4470		1.62	2.27
4484		1.67	2.34
4493		2.01	2.81
4511		0.49	0.69
4557		1.30	1.82
4558		1.34	1.88
4561		1.36	1.90
4568		1.91	2.67

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
4581		1.20	1.68
4583		3.27	4.58
4611		0.67	0.94
4635		2.74	3.84
4653		0.96	1.34
4665		4.87	6.82
4670		3.13	4.38
4683		3.32	4.65
4686		0.82	1.15
4692		0.26	0.36
4693		0.62	0.87
4703		1.65	2.31
4717		1.73	2.42
4720		2.83	3.96
4740		1.07	1.50
4741		1.28	1.79
4751		1.36	1.90
4771		1.27	1.78
4777		1.26	1.76
4825		0.54	0.76
4828		1.02	1.43
4829		1.11	1.55
4902		1.22	1.71
4923		0.81	1.13
5020		4.11	5.75
5022		4.49	6.29
5037		12.53	17.54
5040		14.64	20.50
5057		11.53	16.14
5059		16.55	23.17
5069		15.91	22.27
5102		3.06	4.28
5146		3.62	5.07
5160		3.22	4.51
5183		2.33	3.26
5188		3.88	5.43
5190		2.27	3.18
5191		1.27	1.78
5192		2.86	4.00
5213		5.50	7.70
5215		2.88	4.03
5221		2.93	4.10
5222		7.21	10.09
5223		3.94	5.52
5348		2.75	3.85
5402		3.61	5.05
5403		7.35	10.29
5437		3.37	4.72
5443		2.68	3.75
5445		3.41	4.77
5462		4.44	6.22
5472		3.67	5.14

WC LOSS COST / RATES

ARKANSAS

UPDATED N/A

AMERICAN INTERSTATE

LCM 1.40

EFFECTIVE 1/1/2008

LOSS COST 1/1/2008

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
5473		3.74	5.24
5474		5.20	7.28
5478		3.19	4.47
5479		7.45	10.43
5480		7.28	10.19
5491		1.56	2.18
5506		3.19	4.47
5507		4.17	5.84
5508		5.30	7.42
5535		4.79	6.71
5537		4.00	5.60
5551		10.44	14.62
5606		1.41	1.97
5610		4.95	6.93
5645		8.27	11.58
5651		6.70	9.38
5703		72.06	100.88
5705		3.63	5.08
5951		0.27	0.38
6003		7.45	10.43
6005		4.91	6.87
6017		3.10	4.34
6018		1.58	2.21
6045		2.12	2.97
6204		6.92	9.69
6206		5.33	7.46
6213		8.25	11.55
6214		1.99	2.79
6216		3.76	5.26
6217		3.51	4.91
6229		2.94	4.12
6233		5.40	7.56
6235		8.17	11.44
6236		9.33	13.06
6237		2.56	3.58
6251		5.56	7.78
6252		5.04	7.06
6260		3.82	5.35
6306		3.95	5.53
6319		3.95	5.53
6325		3.67	5.14
6400		4.93	6.90
6504		1.72	2.41
6702	M	5.25	7.35
6703	M	9.24	12.94
6704	M	5.83	8.16
6801	F	10.08	14.11
6811		4.03	5.64
6824	F	17.42	24.39
6826	F	8.43	11.80
6834		3.01	4.21
6836		6.60	9.24
6843	F	11.58	16.21
6845	F	13.63	19.08
6854		3.80	5.32

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
6872	F	15.74	22.04
6874	F	27.96	39.14
6882		4.35	6.09
6884		9.55	13.37
7016	M	3.95	5.53
7024	M	4.39	6.15
7038	M	4.69	6.57
7046	M	20.66	28.92
7047	M	6.96	9.74
7050	M	8.26	11.56
7090	M	5.21	7.29
7098	M	22.96	32.14
7099	M	36.39	50.95
7133		2.51	3.51
7151	M	3.05	4.27
7152	M	5.37	7.52
7153	M	3.39	4.75
7222		7.16	10.02
7228		5.61	7.85
7229		5.58	7.81
7230		2.73	3.82
7231		6.03	8.44
7232		10.26	14.36
7309	F	19.40	27.16
7313	F	4.47	6.26
7317	F	7.16	10.02
7327	F	15.61	21.85
7333	M	5.32	7.45
7335	M	5.91	8.27
7337	M	9.37	13.12
7350	F	16.95	23.73
7360		4.23	5.92
7370		3.66	5.12
7380		2.97	4.16
7382		2.01	2.81
7390		2.54	3.56
7394	M	10.67	14.94
7395	M	11.85	16.59
7398	M	18.78	26.29
7403		2.04	2.86
7405		1.08	1.51
7420		15.57	21.80
7421		1.62	2.27
7422		1.79	2.51
7423		2.04	2.86
7425		2.52	3.53
7431		1.40	1.96
7445		0.58	0.81
7453		0.75	1.05
7502		2.12	2.97
7515		0.78	1.09
7520		2.17	3.04
7538		6.94	9.72
7539		4.41	6.17
7540		2.93	4.10

WC LOSS COST / RATES  
**ARKANSAS**  
 UPDATED N/A

**AMERICAN INTERSTATE**  
 LCM 1.40

EFFECTIVE 1/1/2008  
 LOSS COST 1/1/2008

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
7580		1.48	2.07
7590		3.15	4.41
7600		2.14	3.00
7601		8.58	12.01
7605		2.40	3.36
7610		0.34	0.48
7611		4.25	5.95
7612		11.83	16.56
7613		3.40	4.76
7705		1.98	2.77
7710		4.78	6.69
7711		4.78	6.69
7720		1.98	2.77
7855		4.32	6.05
8001		1.76	2.46
8002		2.31	3.23
8006		1.62	2.27
8008		0.84	1.18
8010		1.55	2.17
8013		0.36	0.50
8015		0.50	0.70
8017		0.86	1.20
8018		1.93	2.70
8021		1.24	1.74
8031		2.25	3.15
8032		1.16	1.62
8033		1.41	1.97
8039		1.05	1.47
8044		2.31	3.23
8045		0.33	0.46
8046		2.05	2.87
8047		0.88	1.23
8058		2.07	2.90
8072		0.47	0.66
8102		1.91	2.67
8103		3.37	4.72
8105		3.41	4.77
8106		3.18	4.45
8107		2.93	4.10
8111		2.28	3.19
8116		3.30	4.62
8203		4.46	6.24
8204		4.50	6.30
8209		2.21	3.09
8215		3.96	5.54
8227		3.14	4.40
8232		4.65	6.51
8233		3.51	4.91
8235		2.94	4.12
8263		6.60	9.24
8264		2.93	4.10
8265		6.95	9.73

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
8279		7.51	10.51
8288		4.87	6.82
8291		1.77	2.48
8292		2.15	3.01
8293		5.94	8.32
8295		4.31	6.03
8304		5.14	7.20
8350		3.76	5.26
8380		2.54	3.56
8381		1.01	1.41
8385		1.94	2.72
8392		2.50	3.50
8393		1.18	1.65
8500		3.65	5.11
8601		0.50	0.70
8606		2.59	3.63
8709		5.90	8.26
8719	F	1.29	1.81
8720		0.86	1.20
8721		0.29	0.41
8726		7.01	9.81
8734	M	0.50	0.70
8737	M	0.45	0.63
8738	M	0.79	1.11
8742		0.37	0.52
8745		3.37	4.72
8748		0.30	0.42
8755		0.21	0.29
8799		0.70	0.98
8800		0.70	0.98
8803		0.06	0.08
8805	M	0.24	0.34
8810		0.18	0.25
8814	M	0.22	0.31
8815	M	0.39	0.55
8820		0.16	0.22
8824		2.05	2.87
8825		1.70	2.38
8826		1.63	2.28
8829		1.94	2.72
8831		2.15	3.01
8832		0.20	0.28
8833		0.81	1.13
8835		1.56	2.18
8842		0.85	1.19
8864		0.85	1.19
8868		0.29	0.41
8869		0.54	0.76
8871		0.18	0.25
8901		0.21	0.29
9012		1.21	1.69
9014		1.69	2.37



UPDATED N/A

LCM 1.40

LOSS COST 1/1/2008

[illegible][illegible]

Effective January 1, 2008

## FOOTNOTE

D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.21	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3061D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

S=Silica, Asb=Asbestos

F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Loss cost contains a provision for federal assessment.

M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

## \* Class Codes with Specific Footnotes

- 1005 Advisory loss cost includes a non-ratable disease element of \$2.85. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$0.70.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$11.40. (For coverage written separately for federal benefits only, \$8.59. For coverage written separately for state benefits only, \$2.81.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.14 and elr x 1.982.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for this classification is \$0.43. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for this classification is \$1.24. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective January 1, 2008

## ADVISORY MISCELLANEOUS VALUES

**Advisory Loss Elimination Ratios** - The following percentages are applicable by deductible amount and hazard group on a per claim basis\*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.4%	10.9%	9.4%	7.9%	6.6%	4.6%	3.5%
\$1,500	16.3%	13.4%	11.6%	9.8%	8.3%	5.9%	4.5%
\$2,000	18.6%	15.3%	13.3%	11.4%	9.7%	7.0%	5.4%
\$2,500	20.6%	17.1%	14.9%	12.8%	10.9%	7.9%	6.1%
\$3,000	22.4%	18.6%	16.3%	14.0%	12.0%	8.8%	6.8%
\$3,500	24.0%	20.0%	17.6%	15.2%	13.0%	9.7%	7.5%
\$4,000	25.5%	21.3%	18.8%	16.3%	14.0%	10.5%	8.1%
\$4,500	26.9%	22.5%	19.9%	17.3%	14.9%	11.3%	8.7%
\$5,000	28.2%	23.7%	21.0%	18.3%	15.8%	12.0%	9.3%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.6%	9.1%	7.6%	6.4%	4.4%	3.4%
\$1,500	15.5%	12.7%	11.0%	9.3%	7.8%	5.5%	4.2%
\$2,000	17.5%	14.4%	12.5%	10.6%	9.0%	6.4%	4.9%
\$2,500	19.2%	15.8%	13.8%	11.7%	10.0%	7.2%	5.5%
\$3,000	20.6%	17.1%	14.9%	12.7%	10.8%	7.9%	6.1%
\$3,500	21.9%	18.2%	15.9%	13.6%	11.6%	8.5%	6.6%
\$4,000	23.0%	19.2%	16.8%	14.5%	12.4%	9.1%	7.1%
\$4,500	24.0%	20.1%	17.6%	15.2%	13.1%	9.7%	7.5%
\$5,000	25.0%	21.0%	18.4%	15.9%	13.7%	10.2%	7.9%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.9%	2.4%	2.2%	2.0%	1.8%	1.5%	1.1%
\$1,500	4.0%	3.3%	3.0%	2.8%	2.5%	2.1%	1.6%
\$2,000	5.0%	4.1%	3.8%	3.5%	3.1%	2.7%	2.0%
\$2,500	5.8%	4.9%	4.5%	4.2%	3.7%	3.2%	2.4%
\$3,000	6.6%	5.6%	5.2%	4.8%	4.3%	3.6%	2.8%
\$3,500	7.4%	6.2%	5.8%	5.4%	4.8%	4.1%	3.1%
\$4,000	8.0%	6.8%	6.3%	5.9%	5.2%	4.5%	3.5%
\$4,500	8.7%	7.4%	6.8%	6.4%	5.7%	4.8%	3.8%
\$5,000	9.3%	7.9%	7.3%	6.8%	6.1%	5.2%	4.1%

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	11.3%	8.9%	5.6%	3.5%
\$1,500	13.7%	11.0%	7.0%	4.5%
\$2,000	15.8%	12.7%	8.3%	5.4%
\$2,500	17.5%	14.2%	9.4%	6.1%
\$3,000	19.1%	15.6%	10.4%	6.8%
\$3,500	20.5%	16.8%	11.3%	7.5%
\$4,000	21.8%	18.0%	12.2%	8.1%
\$4,500	23.1%	19.1%	13.0%	8.7%
\$5,000	24.2%	20.1%	13.8%	9.3%

\*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Effective January 1, 2008

## ADVISORY MISCELLANEOUS VALUES

**Advisory Loss Elimination Ratios (continued)** - The following percentages are applicable by deductible amount and hazard group on a per claim basis\*:

Medical Losses					Indemnity Losses				
Deductible Amount	HAZARD GROUP				Deductible Amount	HAZARD GROUP			
	1	2	3	4		1	2	3	4
\$1,000	10.9%	8.6%	5.3%	3.4%	\$1,000	2.4%	2.1%	1.6%	1.1%
\$1,500	13.1%	10.4%	6.6%	4.2%	\$1,500	3.4%	3.0%	2.3%	1.6%
\$2,000	14.8%	11.9%	7.6%	4.9%	\$2,000	4.2%	3.7%	2.9%	2.0%
\$2,500	16.3%	13.1%	8.5%	5.5%	\$2,500	5.0%	4.4%	3.4%	2.4%
\$3,000	17.5%	14.2%	9.3%	6.1%	\$3,000	5.7%	5.0%	3.9%	2.8%
\$3,500	18.7%	15.2%	10.0%	6.6%	\$3,500	6.4%	5.6%	4.4%	3.1%
\$4,000	19.7%	16.0%	10.7%	7.1%	\$4,000	7.0%	6.2%	4.8%	3.5%
\$4,500	20.6%	16.9%	11.3%	7.5%	\$4,500	7.5%	6.7%	5.2%	3.8%
\$5,000	21.5%	17.6%	11.9%	7.9%	\$5,000	8.1%	7.2%	5.6%	4.1%

\*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

**Basis of premium** applicable in accordance with the *Basic Manual* footnote instructions for Code:

7370 -- "Taxicab Co.":

Employee operated vehicle.....	\$46,220.00
Leased or rented vehicle.....	\$30,813.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee.....	\$600.00
--	----------

**Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Advisory Loss Cost).....** \$0.01

**Foreign Terrorism (Advisory Loss Cost).....** \$0.02

**Maximum Payroll** applicable in accordance with *Basic Manual* Rule 2-E-1 -- "Executive Officers" and the *Basic Manual* footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling".....

\$2,400.00

**Minimum Payroll** applicable in accordance with *Basic Manual* Rule 2-E-1 -- "Executive Officers".....

\$300.00

**Per Passenger Seat Surcharge** - In accordance with the *Basic Manual* footnote instructions for Code 7421, the surcharge is:

Maximum surcharge per aircraft.....	\$1,000
Per passenger seat.....	\$100

**Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies** in accordance with *Basic Manual* Rule 2-E-3.....

\$30,800.00

**United States Longshore and Harbor Workers' Compensation Coverage Percentage** applicable only in connection with *Basic Manual* Rule 3-A-4.....

90%

(Multiply a Non-F classification loss cost by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

## Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.

SERFF Tracking Number:	AMST-125300605	State:	Arkansas
Filing Company:	American Interstate Insurance Company	State Tracking Number:	AR-PC-07-026164
Company Tracking Number:	07-0052		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation Rate Filing		
Project Name/Number:	Loss Cost adoption/07-0052		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	09/24/2007
-------------------------	--	-----------------------	----------	------------

**Comments:**

**Attachment:**

Transmittal.pdf

<b>Satisfied -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	09/24/2007
-------------------------	--	-----------------------	----------	------------

**Comments:**

**Attachment:**

Loss Cost Reference Adoption Forms.pdf

<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	09/24/2007
-------------------------	------------------------------------	-----------------------	----------	------------

**Comments:**

**Attachment:**

NAIC Loss Cost Data Entry.pdf

<b>Satisfied -Name:</b>	WC Abstract	<b>Review Status:</b>	Approved	09/24/2007
-------------------------	-------------	-----------------------	----------	------------

**Comments:**

**Attachment:**

WC Abstract.pdf

<b>Satisfied -Name:</b>	Explanatory Memorandum	<b>Review Status:</b>	Approved	09/24/2007
-------------------------	------------------------	-----------------------	----------	------------

**Comments:**

**Attachment:**

Explanatory Memorandum.pdf

## Property &amp; Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
Amerisafe, Inc.					0680
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
American Interstate Insurance Company	Louisiana	31895	58-1181498		

<b>5. Company Tracking Number</b>	07-0052
-----------------------------------	---------

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Kathy Wells	State Filing Coordinator	800-256-9052	337-460-3550	kwells@amerisafe.com
2301 Highway 190 West DeRidder, LA 70634				
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Kathy Wells		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Workers' Compensation Loss Cost Adoption
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 01/01/2008   Renewal: 01/01/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	AR-2007-10
<b>18. Company's Date of Filing</b>	September 21, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	07-0052
-----	---	---------

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

American Interstate Insurance Company respectfully submits this filing to adopt NCCI's approved Advisory Loss Costs and rating values effective January 1, 2008. We wish to retain our currently filed loss cost multiplier of 1.40 along with all other aspects of our previous filings as filed and approved. The overall impact of this filing will result in an estimated rate and premium increase of 3.4% on our current book of business. The required filing forms, manual page and \$50.00 filing fee (adoption of NCCI loss costs with no change to the loss cost multiplier) are enclosed.

We request an effective date of January 1, 2008. Acknowledgment, evidenced by departmental stamp on a copy of our cover letter, will be appreciated. If you have any questions or require additional information, please contact me at 800-256-9052 or via this e-mail address: kwells@amerisafe.com.

[View Complete Filing Description](#)

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----	---

Check #: 0003017798

Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07-0052
----	---	---------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
----	--	--

☒ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
----	---	--

4a.	Rate Change by Company (As Proposed)						
-----	--------------------------------------	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
American Interstate Ins. Co.	3.4%	3.4%	\$379,106	453	\$11,156,19	5.9%	0.6%

4b.	Rate Change by Company (As Accepted) For State Use Only						
-----	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
--	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	-6.2%
----	--	-------

7.	Effective Date of last rate revision	July 1, 2007
----	--------------------------------------	--------------

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
----	---	----------------

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Final Rate Pages 1-6 & Footnotes & Miscellaneous Values	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	07-0018
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



# NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

## CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	07-0052
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☒ **Loss Cost Reference Filing** NCCI- AR-2007-10 ☐ **Independent Rate Filing**  
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. <b>Note: Some states have statutes that prohibit this option for some lines of business.</b>
<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Yes If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(Check One)

- ☒ Without Modification (factor= 1.000)  
☐ With the following modification(s). (Cite the nature and percent modification, , and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

Example I- Loss cost Modification Factor: If your company's loss cost modification is -1 0%, a factor of ,90 (1.000 - .100) should be used.

Example 2, Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 ( 1.000 + . 150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. **Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
PROJECTED EXPENSES: Compared to standard premium at company rates.

Selected Provisions		
A.	Total Production Expense	%
B.	General Expense	%
C.	Taxes, Licenses & Fee	%
D.	Underwriting profit & contingencies*	%
E.	Other (explain)	%
F.	Total	%
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	
	B.	ELR in Decimal Form =	

# NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

- |     |   | Yes | No  |
|-----|---|-----|-----|
| 10. | <b>Are you amending your minimum premium formula?</b> If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | ( ) | ( ) |
| 11. | <b>Are you changing your premium discount schedules?</b> If yes, attach schedules and support, detailing premium or rate level changes.   | ( ) | ( ) |

**ARKANSAS INSURANCE DEPARTMENT**  
WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE September 20, 2007

1. INSURER NAME American Interstate Insurance Company

ADDRESS 2301 Highway 190 West

DeRidder, LA 70634

PERSON RESPONSIBLE FOR FILING Kathy Wells

TITLE State Filing Coordinator TELEPHONE NO. 800-256-9052

2. INSURER NAIC NO. 31895 GROUP NO. 0680

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE 2.7 % EFFECTIVE DATE January 1, 2008

B. PROPOSED PREMIUM LEVEL CHANGE 2.7 % EFFECTIVE DATE January 1, 2008

7. A. PRIOR RATE LEVEL CHANGE -6.2 % EFFECTIVE DATE July 1, 2007

B. PRIOR PREMIUM LEVEL CHANGE -6.2 % EFFECTIVE DATE July 1, 2007

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"  
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

INSURER NAME American Interstate Insurance CompanyDATE September 20, 2007NAIC 31895

SUMMARY OF SUPPORTING INFORMATION FORM  
WORKERS COMPENSATION-INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS  
CALCULATION OF COMPANY LOSS COST MULTIPLIER / EXPENSE CONSTANT

1. Does this filing apply to all workers compensation classes. ☒ Yes ☐ No. If no, attach a list of affected classes.

## 2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (CHECK ONE):

☒ Without modification (factor = 1.000).☐ With the following modification(s). (Cite the nature and percent modification to the advisory organization's loss experience. Attach supporting data and/or rationale; i.e., differences in LAE, residual market load, loss experience, etc.) \_\_\_\_\_B. Loss Cost Modification expressed as a Factor (see examples in Bulletin): 1.00

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

A. Total Production Expense	<u>10.4</u>	
B. General Expense	<u>8.6</u>	%
C. Taxes, Licenses and Fees	<u>4.8</u>	%
D. Profit and Contingencies	<u>1.3</u>	%
E. Credit for Investment Income*	<u>-4.7</u>	%
F. Other (explain)	<u>0</u>	%
G. Total	<u>20.4</u>	%

• Include as an offset, or explain how investment income is taken into account.4. Expected Loss and Loss Adjustment Expense (Target Cost) Ratio: 0.796  
ELR = 1.000 - 3G (expressed in decimal form)5. Overall impact of expense constant and minimum premiums: 1.009  
(A 2.3% impact would be expressed as 1.023)6. Overall impact of size-of-risk discounts plus expense gradation recognition  
in retrospective rating: (An 8.6% average discount would be expressed as 0.914) 0.9107. Company Formula Loss Cost Multiplier:  $2B / [(6 - 3G) \times 5] =$  1.408. Company selected loss cost multiplier: 1.409. Are you amending your minimum premium formula? ☐ Yes ☒ No. If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.10. Are you changing your premium discount schedules? ☐ Yes ☒ No. If yes, attach schedules and support detailing rate level change.

# NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #		07-0052
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number NCCI AR-2007-10		
3.	Company Name A. American Interstate Insurance Company		Company NAIC Number B. 31895
Product Coding Matrix Line of Insurance (i.e., Type of Insurance)			
4.	A. 16.000 Workers' Compensation		B. 16.004 Standard WC

FOR LOSS COSTS ONLY						
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	2.7%	2.7%	0.796	1.00	1.40	1.40
TOTAL OVERALL EFFECT	2.7%	2.7%	0.796	1.00	1.40	1.40

5 Year History					Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2002	566	8.6	4/1/02	\$9,090	\$4,171	45.9%	67.2%	A. Total Production Expense	10.4
2003	530	11.7	3/1/03	\$10,747	\$6,893	65.0%	57.5%	B. General Expense	8.6
2004	495	3.52	10/1/04	\$10,416	\$5,569	53.5%	53.8%	C. Taxes, License & Fees	4.8
2005	465	6.3	8/1/05	\$10,334	\$10,187	98.6%	58.0%	D. Underwriting Profit & Contingencies	-3.4
2006	505	1.3	9/1/06	\$8,909	\$3,003	33.7%	44.6%	E. Other (explain)	8.36
2007	453	-6.2	7/1/07	\$10,640	\$3,701	34.8%	50.2%	F. TOTAL	28.76

8.	Yes	Apply Lost Cost Factors to Future filings? (Y or N)
9.	5.9%	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10.	5.7%	Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

ARKANSAS INSURANCE DEPARTMENT

WORKERS' COMPENSATION ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable," so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group.

Company Name American Interstate Insurance Company  
 NAIC Number 31895 Group Number 0680  
 Deviation From N/A Proposed Effective Date January 1, 2008

1. What type of deviation(s) are you currently utilizing? (Specify whether deviation is a schedule rating plan or an across-the-board deviation.)

TYPE	APPROVED	PERCENTAGE
WC Schedule Rating Plan	5/31/1996	+ / - 25%

2. What, if any, restrictions apply to the deviation? Standard NCCI rules applicable to Schedule Rating Plans.

3. What is the minimum premium requirement for eligibility for the deviation? None

4. What was the average percentage of credit given on policies eligible under the deviation? 0.4%

5. What was the average percentage of debit given on policies eligible under the deviation? 9.8%

6. State the number of Arkansas policies issued since the approval of your deviation. 6995 to date  
 Of these policies, how many received a deviation? Deviation - None, Schedule Rating -6776

7. Do you allow both schedule rating plans and across-the-board deviations on the same risk? No

8. Does your company offer a dividend plan? If so, please describe the type of dividend, including the amount paid in dividends for the preceding calendar year. No dividends are used by American Interstate in Arkansas

9. When promulgating an individual policy premium, at what point is the deviation applied? N/A

10. Do plans for the future market provide for:  
 (a) A great market penetration for this type of business \_\_\_\_\_  
 (b) A lesser penetration \_\_\_\_\_  
 (c) Status quo XXX

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 State Filing Coordinator  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 800-256-9052  
 \_\_\_\_\_  
 Telephone Number

# ARKANSAS EXPLANATORY MEMORANDUM

American Interstate Insurance Company

Company Filing Number	07-0052
Company Address	American Interstate Insurance Company 2301 HIGHWAY 190 WEST DERIDDER, LA 70634
NAIC Number	31895
State	Arkansas
Addressed to:	Julie Benefield Bowman Arkansas Department of Insurance 1200 West third Street Little Rock, Arkansas 72201
Date of Filing	9/20/2007
Line of Insurance	Worker's Compensation
Explanation of Filing	Rate filing Adoption of NCCI Advisory Loss Costs and Rating Values effective January 1, 2008. We will retain or currently filed Loss Cost Multiplier of 1.40 for all class codes, expense constant of \$250 as well as all other aspects of our previous filings. The result of this proposed change will be an estimated overall increase of 3.4% based on our current book of business.
Method of Calculation	Change on our book due to revised Loss Costs = 3.4% Change due to Loss Cost Multiplier = 0
State Filing Forms Attached	Transmittal Form PC TD-1 pages 1 and 2 Form PC RRFS-1 Mississippi Ratemaking Worksheet MS Rate-making Worksheet Memorandum Exhibits A, B, C, D Reference Filing Adoption Form, Summary of Supporting Information Form Calculation of Co. LCM and MS Expense Constant Supplement 5-Year Experience and Expense Exhibit Final Rate Pages w/ Footnotes and Miscellaneous Values
Copies	1 complete filing plus 1 additional for return
Return Envelope	1
Filing Requirements	30 Days Prior Approval - deemed approved if not disapproved within 30 days after date of filing.
Proposed Effective	1/1/2008
Check attached	Check #0003017798 total \$50.00 filing fee
Contact Person	Kathy Wells, CWCP, CISR State Filing Coordinator
Phone number	1-800-256-9052 EXT. 3323 E-MAIL - <a href="mailto:kwells@amerisafe.com">kwells@amerisafe.com</a>